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106TH CONGRESS
2^D SESSION

S. 2311

[Report No. 106–294]

To revise and extend the Ryan White CARE Act programs under title XXVI of the Public Health Service Act, to improve access to health care and the quality of care under such programs, and to provide for the development of increased capacity to provide health care and related support services to individuals and families with HIV disease, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 29, 2000

Mr. JEFFORDS (for himself, Mr. KENNEDY, Mr. FRIST, Mr. HATCH, Mr. DODD, Mr. ENZI, Mr. HARKIN, Ms. MIKULSKI, Mr. BINGAMAN, Mr. WELLSTONE, Mr. REED, Mr. BIDEN, Mr. DURBIN, Mr. BENNETT, Mr. LIEBERMAN, Mr. CLELAND, Mr. ROBB, Mrs. MURRAY, Mr. SARBANES, Mr. GREGG, Mr. GORTON, Mr. BREAUX, Mr. KERRY, Mr. WARNER, Mr. LUGAR, Mr. LAUTENBERG, Mr. L. CHAFEE, Ms. COLLINS, Mr. MOYNIHAN, Mr. SCHUMER, Mr. BAYH, Mr. INOUE, and Mr. WYDEN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

MAY 15, 2000

Reported by Mr. JEFFORDS, with an amendment

[Strike out all after the enacting clause and insert the part printed in italic]

A BILL

To revise and extend the Ryan White CARE Act programs under title XXVI of the Public Health Service Act, to improve access to health care and the quality of care

under such programs, and to provide for the development of increased capacity to provide health care and related support services to individuals and families with HIV disease, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
 2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Ryan White CARE
 5 Act Amendments of 2000”.

6 **SEC. 2. REFERENCES; TABLE OF CONTENTS.**

7 (a) REFERENCES.—Except as otherwise expressly
 8 provided, whenever in this Act an amendment or repeal
 9 is expressed in terms of an amendment to, or repeal of,
 10 a section or other provision, the reference shall be consid-
 11 ered to be made to a section or other provision of the Pub-
 12 lic Health Service Act (42 U.S.C. 201 et seq.).

13 (b) Table of Contents.—The table of contents of this
 14 Act is as follows:

Sec. 1. Short title.

Sec. 2. References; table of contents.

TITLE I—AMENDMENTS TO HIV HEALTH CARE PROGRAM

Subtitle A—Purpose; Amendments to Part A (Emergency Relief Grants)

Sec. 101. Duties of planning council; funding priorities; quality assessment.

Sec. 102. Quality management.

Sec. 103. Funded entities required to have health care relationships.

Sec. 104. Support services required to be health care-related.

Sec. 105. Use of grant funds for early intervention services.

Sec. 106. Replacement of specified fiscal years regarding the sunset on expedited distribution requirement.

Sec. 107. Hold harmless provision.

Sec. 108. Set-aside for infants, children, and women.

Subtitle B—Amendments to Part B (Care Grant Program)

- Sec. 121. State requirements concerning identification of need and allocation of resources.
- Sec. 122. Quality management.
- Sec. 123. Funded entities required to have health care referral relationships.
- Sec. 124. Support services required to be health care-related.
- Sec. 125. Use of grant funds for early intervention services.
- Sec. 126. Authorization of appropriations for HIV-related services for women and children.
- Sec. 127. Repeal of requirement for completed Institute of Medicine report.
- Sec. 130. Supplement grants for certain States.
- Sec. 131. Use of treatment funds.
- Sec. 132. Increase in minimum allotment.
- Sec. 133. Set-aside for infants, children, and women.

Subtitle C—Amendments to Part C (Early Intervention Services)

- Sec. 141. Amendment of heading; repeal of formula grant program.
- Sec. 142. Planning and development grants.
- Sec. 143. Authorization of appropriations for categorical grants.
- Sec. 144. Administrative expenses ceiling; quality management program.
- Sec. 145. Preference for certain areas.

Subtitle D—Amendments to Part D (General Provisions)

- Sec. 151. Research involving women, infants, children, and youth.
- Sec. 152. Limitation on administrative expenses.
- Sec. 153. Evaluations and reports.
- Sec. 154. Authorization of appropriations for grants under parts A and B.

Subtitle E—Amendments to Part F (Demonstration and Training)

- Sec. 161. Authorization of appropriations.

TITLE H—MISCELLANEOUS PROVISIONS

- Sec. 201. Institute of Medicine study.

1 **TITLE I—AMENDMENTS TO HIV**
 2 **HEALTH CARE PROGRAM**
 3 **Subtitle A—Purpose; Amendments**
 4 **to Part A (Emergency Relief**
 5 **Grants)**

6 **SEC. 101. DUTIES OF PLANNING COUNCIL, FUNDING PRIOR-**
 7 **ITIES, QUALITY ASSESSMENT.**

8 Section 2602 (42 U.S.C. 300ff-12) is amended—
 9 (1) in subsection (b)—

1 (A) in paragraph (2)(C), by inserting be-
 2 fore the semicolon the following: “, including
 3 providers of housing and homeless services”;
 4 and

5 (B) in paragraph (4), by striking “shall—
 6 ” and all that follows and inserting “shall have
 7 the responsibilities specified in subsection (d).”;
 8 and

9 (2) by adding at the end the following:

10 “(d) DUTIES OF PLANNING COUNCIL.—The planning
 11 council established under subsection (b) shall have the fol-
 12 lowing duties:

13 “(1) PRIORITIES FOR ALLOCATION OF
 14 FUNDS.—The council shall establish priorities for
 15 the allocation of funds within the eligible area, in-
 16 cluding how best to meet each such priority and ad-
 17 ditional factors that a grantee should consider in al-
 18 locating funds under a grant, based on the following
 19 factors:

20 “(A) The size and demographic character-
 21 istics of the population with HIV disease to be
 22 served, including, subject to subsection (e), the
 23 needs of individuals living with HIV infection
 24 who are not receiving HIV-related health serv-
 25 ices:

1 “(B) The documented needs of the popu-
2 lation with HIV disease with particular atten-
3 tion being given to disparities in health services
4 among affected subgroups within the eligible
5 area.

6 “(C) The demonstrated or probable cost
7 and outcome effectiveness of proposed strate-
8 gies and interventions, to the extent that data
9 are reasonably available.

10 “(D) Priorities of the communities with
11 HIV disease for whom the services are in-
12 tended.

13 “(E) The availability of other govern-
14 mental and non-governmental resources, includ-
15 ing the State medicaid plan under title XIX of
16 the Social Security Act and the State Children’s
17 Health Insurance Program under title XXI of
18 such Act to cover health care costs of eligible
19 individuals and families with HIV disease.

20 “(F) Capacity development needs resulting
21 from gaps in the availability of HIV services in
22 historically underserved low-income commu-
23 nities.

24 “(2) COMPREHENSIVE SERVICE DELIVERY
25 PLAN.—The council shall develop a comprehensive

1 plan for the organization and delivery of health and
 2 support services described in section 2604. Such
 3 plan shall be compatible with any existing State or
 4 local plans regarding the provision of such services
 5 to individuals with HIV disease.

6 ~~“(3) ASSESSMENT OF FUND ALLOCATION EFFI-~~
 7 ~~CIENCY.—~~The council shall assess the efficiency of
 8 the administrative mechanism in rapidly allocating
 9 funds to the areas of greatest need within the eligi-
 10 ble area.

11 ~~“(4) STATEWIDE STATEMENT OF NEED.—~~The
 12 council shall participate in the development of the
 13 Statewide coordinated statement of need as initiated
 14 by the State public health agency responsible for ad-
 15 ministering grants under part B.

16 ~~“(5) COORDINATION WITH OTHER FEDERAL~~
 17 ~~GRANTEES.—~~The council shall coordinate with Fed-
 18 eral grantees providing HIV-related services within
 19 the eligible area.

20 ~~“(6) COMMUNITY PARTICIPATION.—~~The council
 21 shall establish methods for obtaining input on com-
 22 munity needs and priorities which may include pub-
 23 lic meetings, conducting focus groups, and convening
 24 ad-hoc panels.

1 “(e) ~~PROCESS FOR ESTABLISHING ALLOCATION PRI-~~
2 ~~ORITIES.~~—

3 ~~“(1) IN GENERAL.~~—Not later than 24 months
4 after the date of enactment of the Ryan White
5 CARE Act Amendments of 2000, the Secretary
6 shall—

7 ~~“(A) consult with eligible metropolitan~~
8 ~~areas, affected communities, experts, and other~~
9 ~~appropriate individuals and entities, to develop~~
10 ~~epidemiologic measures for establishing the~~
11 ~~number of individuals living with HIV disease~~
12 ~~who are not receiving HIV-related health serv-~~
13 ~~ices; and~~

14 ~~“(B) provide advice and technical assist-~~
15 ~~ance to planning councils with respect to the~~
16 ~~process for establishing priorities for the alloca-~~
17 ~~tion of funds under subsection (d)(1).~~

18 ~~“(2) EXCEPTION.~~—Grantees under subsection
19 ~~(d)(1)(A) shall not be required to establish priorities~~
20 ~~for individuals not in care until epidemiologic meas-~~
21 ~~ures are developed under paragraph (1).”.~~

22 **SEC. 102. QUALITY MANAGEMENT.**

23 (a) ~~FUNDS AVAILABLE FOR QUALITY MANAGE-~~
24 ~~MENT.~~—Section 2604 (42 U.S.C. 300ff–14) is amended—

1 (1) by redesignating subsections (e) through (f)
2 as subsections (d) through (g), respectively; and

3 (2) by inserting after subsection (b) the fol-
4 lowing:

5 “(e) QUALITY MANAGEMENT.—

6 “(1) REQUIREMENT.—The chief elected official
7 of an eligible area that receives a grant under this
8 part shall provide for the establishment of a quality
9 management program to assess the extent to which
10 medical services provided to patients under the grant
11 are consistent with the most recent Public Health
12 Service guidelines for the treatment of HIV disease
13 and related opportunistic infection and to develop
14 strategies for improvements in the access to and
15 quality of medical services.

16 “(2) USE OF FUNDS.—From amounts received
17 under a grant awarded under this part, the chief
18 elected official of an eligible area may use, for activi-
19 ties associated with its quality management pro-
20 gram, not more than the lesser of—

21 “(A) 5 percent of amounts received under
22 the grant; or

23 “(B) \$3,000,000.”.

1 (b) ~~QUALITY MANAGEMENT REQUIRED FOR ELIGI-~~
 2 ~~BILITY FOR GRANTS.—Section 2605(a) (42 U.S.C. 300ff-~~
 3 ~~15(a)) is amended—~~

4 (1) by redesignating paragraphs (3) through
 5 (6) as paragraphs (5) through (8), respectively; and
 6 (2) by inserting after paragraph (2) the fol-
 7 lowing:

8 “(3) that the chief elected official of the eligible
 9 area will satisfy all requirements under section
 10 2604(c);”.

11 **SEC. 103. FUNDED ENTITIES REQUIRED TO HAVE HEALTH**
 12 **CARE RELATIONSHIPS.**

13 (a) ~~USE OF AMOUNTS.—Section 2604(c)(1) (42~~
 14 ~~U.S.C. 300ff-14(d)(1)) (as so redesignated by section~~
 15 ~~102(a)) is amended by inserting “and the State Children’s~~
 16 ~~Health Insurance Program under title XXI of such Act”~~
 17 ~~after “Social Security Act”.~~

18 (b) ~~APPLICATIONS.—Section 2605(a) (42 U.S.C.~~
 19 ~~300ff-15(a)) is amended by inserting after paragraph (3),~~
 20 ~~as added by section 102(b), the following:~~

21 “(4) that funded entities within the eligible area
 22 that receive funds under a grant under section
 23 2601(a) shall maintain appropriate relationships
 24 with entities in the area served that constitute key
 25 points of access to the health care system for indi-

viduals with HIV disease (including emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted disease clinics, HIV counseling and testing sites, and homeless shelters) and other entities under section 2652(a) for the purpose of facilitating early intervention for individuals newly diagnosed with HIV disease and individuals knowledgeable of their status but not in care;”.

SEC. 104. SUPPORT SERVICES REQUIRED TO BE HEALTH CARE-RELATED.

(a) IN GENERAL.—Section 2604(b)(1) (42 U.S.C. 300ff-14(b)(1)) is amended—

(1) in the matter preceding subparagraph (A), by striking “HIV-related—” and inserting “HIV-related services, as follows;”;

(2) in subparagraph (A)—

(A) by striking “outpatient” and all that follows through “substance abuse treatment and” and inserting the following: “OUTPATIENT HEALTH SERVICES.—Outpatient and ambulatory health services, including substance abuse treatment;” and

(B) by striking “; and” and inserting a period;

1 (3) in subparagraph (B), by striking “(B) inpa-
 2 tient case management” and inserting “(C) INPA-
 3 TIENT CASE MANAGEMENT SERVICES.—Inpatient
 4 ease management”; and

5 (4) by inserting after subparagraph (A) the fol-
 6 lowing:

7 “(B) OUTPATIENT SUPPORT SERVICES.—
 8 Outpatient and ambulatory support services (in-
 9 cluding case management), to the extent that
 10 such services facilitate, enhance, support, or
 11 sustain the delivery, continuity, or benefits of
 12 health services for individuals and families with
 13 HIV disease.”.

14 (b) CONFORMING AMENDMENT TO APPLICATION RE-
 15 QUIREMENTS.—Section 2605(a) (42 U.S.C. 300ff-15(a)),
 16 as amended by section 102(b), is further amended—

17 (1) in paragraph (6) (as so redesignated), by
 18 striking “and” at the end thereof;

19 (2) in paragraph (7) (as so redesignated), by
 20 striking the period and inserting “; and”; and

21 (3) by adding at the end the following:

22 “(8) that the eligible area has procedures in
 23 place to ensure that services provided with funds re-
 24 ceived under this part meet the criteria specified in
 25 section 2604(b)(1).”.

1 **SEC. 105. USE OF GRANT FUNDS FOR EARLY INTERVEN-**
 2 **TION SERVICES.**

3 (a) ~~IN GENERAL.~~—Section 2604(b)(1) (42 U.S.C.
 4 300ff-14(b)(1)), as amended by section 104(a), is further
 5 amended by adding at the end the following:

6 “(D) ~~EARLY INTERVENTION SERVICES.~~—
 7 Early intervention services as described in sec-
 8 tion 2651(b)(2), with follow-through referral,
 9 provided for the purpose of facilitating the ac-
 10 cess of individuals receiving the services to
 11 HIV-related health services, but only if the enti-
 12 ty providing such services—

13 “(i)(I) is receiving funds under sub-
 14 paragraph (A) or (C); or

15 “(H) is an entity constituting a point
 16 of access to services, as described in para-
 17 graph (2)(C), that maintains a relationship
 18 with an entity described in subclause (I)
 19 and that is serving individuals at elevated
 20 risk of HIV disease; and

21 “(ii) demonstrates to the satisfaction
 22 of the chief elected official that no other
 23 Federal, State, or local funds are available
 24 for the early intervention services the enti-
 25 ty will provide with funds received under
 26 this paragraph.”.

1 (b) CONFORMING AMENDMENTS TO APPLICATION
 2 REQUIREMENTS.—Section 2605(a)(1) (42 U.S.C. 300ff–
 3 15(a)(1)) is amended—

4 (1) in subparagraph (A), by striking “services
 5 to individuals with HIV disease” and inserting
 6 “services as described in section 2604(b)(1)”; and

7 (2) in subparagraph (B), by striking “services
 8 for individuals with HIV disease” and inserting
 9 “services as described in section 2604(b)(1)”.

10 **SEC. 106. REPLACEMENT OF SPECIFIED FISCAL YEARS RE-**
 11 **GARDING THE SUNSET ON EXPEDITED DIS-**
 12 **TRIBUTION REQUIREMENTS.**

13 Section 2603(a)(2) (42 U.S.C. 300ff–13(a)(2)) is
 14 amended by striking “for each of the fiscal years 1996
 15 through 2000” and inserting “for a fiscal year”.

16 **SEC. 107. HOLD HARMLESS PROVISION.**

17 Section 2603(a)(4) (42 U.S.C. 300ff–13(a)(4)) is
 18 amended to read as follows:

19 “(4) LIMITATIONS.—

20 “(A) IN GENERAL.—With respect to each
 21 of fiscal years 2001 through 2005, the Sec-
 22 retary shall ensure that the amount of a grant
 23 made to an eligible area under paragraph (2)
 24 for such a fiscal year is not less than an
 25 amount equal to 98 percent of the amount the

1 eligible area received for the fiscal year pre-
 2 ceeding the year for which the determination is
 3 being made.

4 “(B) APPLICATION OF PROVISION.—Sub-
 5 paragraph (A) shall only apply with respect to
 6 those eligible areas receiving a grant under
 7 paragraph (2) for fiscal year 2000 in an
 8 amount that has been adjusted in accordance
 9 with paragraph (4) of this subsection (as in ef-
 10 fect on the day before the date of enactment of
 11 the Ryan White CARE Act Amendments of
 12 2000).”.

13 **SEC. 108. SET-ASIDE FOR INFANTS, CHILDREN, AND**
 14 **WOMEN.**

15 Section 2604(b)(3) (42 U.S.C. 300ff-14(b)(3)) is
 16 amended—

17 (1) by inserting “for each population under this
 18 subsection” after “established priorities”; and

19 (2) by striking “ratio of the” and inserting
 20 “ratio of each”.

1 **Subtitle B—Amendments to Part B**
 2 **(Care Grant Program)**

3 **SEC. 121. STATE REQUIREMENTS CONCERNING IDENTI-**
 4 **FICATION OF NEED AND ALLOCATION OF RE-**
 5 **SOURCES.**

6 (a) GENERAL USE OF GRANTS.—Section 2612 (42
 7 U.S.C. 300ff-22) is amended—

8 (1) by striking “A State” and inserting “(a) IN
 9 GENERAL.—A State”; and

10 (2) in the matter following paragraph (5)—

11 (A) by striking “paragraph (2)” and in-
 12 serting “subsection (a)(2) and section 2613”;

13 (b) APPLICATION.—Section 2617(b) (42 U.S.C.
 14 300ff-27(b)) is amended—

15 (1) in paragraph (1)(C)—

16 (A) by striking clause (i) and inserting the
 17 following:

18 “(i) the size and demographic charac-
 19 teristics of the population with HIV dis-
 20 ease to be served, except that by not later
 21 than October 1, 2002, the State shall take
 22 into account the needs of individuals not in
 23 care, based on epidemiologic measures de-
 24 veloped by the Secretary in consultation
 25 with the State, affected communities, ex-

perts, and other appropriate individuals
(such State shall not be required to establish priorities for individuals not in care until such epidemiologic measures are developed);”;

(B) in clause (iii), by striking “and” at the end; and

(C) by adding at the end the following:

“(v) the availability of other governmental and non-governmental resources;

“(vi) the capacity development needs resulting in gaps in the provision of HIV services in historically underserved low-income and rural low-income communities; and

“(vii) the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the State;” and

(2) in paragraph (2)—

(A) in subparagraph (B), by striking “and” at the end;

(B) by redesignating subparagraph (C) as subparagraph (F); and

1 (C) by inserting after subparagraph (B),
 2 the following:

3 “(C) an assurance that capacity develop-
 4 ment needs resulting from gaps in the provision
 5 of services in underserved low-income and rural
 6 low-income communities will be addressed; and

7 “(D) with respect to fiscal year 2003 and
 8 subsequent fiscal years, assurances that, in the
 9 planning and allocation of resources, the State,
 10 through systems of HIV-related health services
 11 provided under paragraphs (1), (2), and (3) of
 12 section 2612(a), will make appropriate provi-
 13 sion for the HIV-related health and support
 14 service needs of individuals who have been diag-
 15 nosed with HIV disease but who are not cur-
 16 rently receiving such services, based on the epi-
 17 demiologic measures developed under paragraph
 18 (1)(C)(i);”.

19 **SEC. 122. QUALITY MANAGEMENT.**

20 (a) STATE REQUIREMENT FOR QUALITY MANAGE-
 21 MENT.—Section 2617(b)(4) (42 U.S.C. 300ff-27(b)(4)) is
 22 amended—

23 (1) by striking subparagraph (C) and inserting
 24 the following:

25 “(C) the State will provide for—

1 “(i) the establishment of a quality
 2 management program to assess the extent
 3 to which medical services provided to pa-
 4 tients under the grant are consistent with
 5 the most recent Public Health Service
 6 guidelines for the treatment of HIV dis-
 7 ease and related opportunistic infections
 8 and to develop strategies for improvements
 9 in the access to and quality of medical
 10 services; and

11 “(ii) a periodic review (such as
 12 through an independent peer review) to as-
 13 sess the quality and appropriateness of
 14 HIV-related health and support services
 15 provided by entities that receive funds
 16 from the State under this part;”;

17 (2) by redesignating subparagraphs (E) and
 18 (F) as subparagraphs (F) and (G), respectively;

19 (3) by inserting after subparagraph (D), the
 20 following:

21 “(E) an assurance that the State, through
 22 systems of HIV-related health services provided
 23 under paragraphs (1), (2), and (3) of section
 24 2612(a), has considered strategies for working
 25 with providers to make optimal use of financial

1 assistance under the State medicaid plan under
 2 title XIX of the Social Security Act, the State
 3 Children's Health Insurance Program under
 4 title XXI of such Act, and other Federal grant-
 5 ees that provide HIV-related services, to maxi-
 6 mize access to quality HIV-related health and
 7 support services;

8 (4) in subparagraph (F), as so redesignated, by
 9 striking "and" at the end; and

10 (5) in subparagraph (G), as so redesignated, by
 11 striking the period and inserting "and".

12 (b) AVAILABILITY OF FUNDS FOR QUALITY MANAGE-
 13 MENT.—

14 (1) AVAILABILITY OF GRANT FUNDS FOR PLAN-
 15 NING AND EVALUATION.—Section 2618(c)(3) (42
 16 U.S.C. 300ff-28(c)(3)) is amended by inserting be-
 17 fore the period "including not more than
 18 \$3,000,000 for all activities associated with its qual-
 19 ity management program".

20 (2) EXCEPTION TO COMBINED CEILING ON
 21 PLANNING AND ADMINISTRATION FUNDS FOR
 22 STATES WITH SMALL GRANTS.—Paragraph (6) of
 23 section 2618(c) (42 U.S.C. 300ff-28(c)(6)) is
 24 amended to read as follows:

1 “(6) EXCEPTION FOR QUALITY MANAGE-
 2 MENT.—Notwithstanding paragraph (5), a State
 3 whose grant under this part for a fiscal year does
 4 not exceed \$1,500,000 may use not to exceed 20
 5 percent of the amount of the grant for the purposes
 6 described in paragraphs (3) and (4) if—

7 “(A) that portion of such amount in excess
 8 of 15 percent of the grant is used for its quality
 9 management program; and

10 “(B) the State submits and the Secretary
 11 approves a plan (in such form and containing
 12 such information as the Secretary may pre-
 13 scribe) for use of funds for its quality manage-
 14 ment program.”.

15 **SEC. 123. FUNDED ENTITIES REQUIRED TO HAVE HEALTH**
 16 **CARE RELATIONSHIPS.**

17 Section 2617(b)(4) (42 U.S.C. 300ff-27(b)(4)), as
 18 amended by section 122(a), is further amended by adding
 19 at the end the following:

20 “(H) that funded entities maintain appro-
 21 priate relationships with entities in the area
 22 served that constitute key points of access to
 23 the health care system for individuals with HIV
 24 disease (including emergency rooms, substance
 25 abuse treatment programs, detoxification cen-

ters, adult and juvenile detention facilities, sexually transmitted disease clinics, HIV counseling and testing sites, and homeless shelters), and other entities under section 2652(a), for the purpose of facilitating early intervention for individuals newly diagnosed with HIV disease and individuals knowledgeable of their status but not in care.”.

SEC. 124. SUPPORT SERVICES REQUIRED TO BE HEALTH CARE-RELATED.

(a) **TECHNICAL AMENDMENT.**—Section 3(e)(2)(A)(iii) of the Ryan White CARE Act Amendments of 1996 (Public Law 104–146) is amended by inserting “before paragraph (2) as so redesignated” after “inserting”.

(b) **SERVICES.**—Section 2612(a)(1) (42 U.S.C. 300ff–22(a)(1)), as so designated by section 121(a), is amended by striking “for individuals with HIV disease” and inserting “, subject to the conditions and limitations that apply under such section”.

(c) **CONFORMING AMENDMENT TO STATE APPLICATION REQUIREMENT.**—Section 2617(b)(2) (42 U.S.C. 300ff–27(b)(2)), as amended by section 121(b), is further amended by adding at the end the following:

1 “(F) an assurance that the State has pro-
 2 cedures in place to ensure that services pro-
 3 vided with funds received under this section
 4 meet the criteria specified in section
 5 2604(b)(1)(B); and”.

6 **SEC. 125. USE OF GRANT FUNDS FOR EARLY INTERVEN-**
 7 **TION SERVICES.**

8 Section 2612(a) (42 U.S.C. 300ff-22(a)), as amend-
 9 ed by section 121, is further amended by adding at the
 10 end the following:

11 “(6) **EARLY INTERVENTION SERVICES.**—The
 12 State, through systems of HIV-related health serv-
 13 ices provided under paragraphs (1), (2), and (3) of
 14 section 2612(a), may provide early intervention serv-
 15 ices, as described in section 2651(b)(2), with follow-
 16 up referral, provided for the purpose of facilitating
 17 the access of individuals receiving the services to
 18 HIV-related health services, but only if the entity
 19 providing such services—

20 “(A)(i) is receiving funds under section
 21 2612(a)(1); or

22 “(ii) is an entity constituting a point of ac-
 23 cess to services, as described in section
 24 2617(b)(4), that maintains a referral relation-
 25 ship with an entity described in clause (i) and

1 that is serving individuals at elevated risk of
2 HIV disease; and

3 “(B) demonstrates to the State’s satisfac-
4 tion that no other Federal, State, or local funds
5 are available for the early intervention services
6 the entity will provide with funds received under
7 this paragraph.”.

8 **SEC. 126. AUTHORIZATION OF APPROPRIATIONS FOR HIV-**
9 **RELATED SERVICES FOR WOMEN AND CHIL-**
10 **DREN.**

11 Section 2625(e)(2) (42 U.S.C. 300ff-33(e)(2)) is
12 amended by striking “fiscal years 1996 through 2000”
13 and inserting “fiscal years 2001 through 2005”.

14 **SEC. 127. REPEAL OF REQUIREMENT FOR COMPLETED IN-**
15 **STITUTE OF MEDICINE REPORT.**

16 Section 2628 (42 U.S.C. 300ff-36) is repealed.

17 **SEC. 128. SUPPLEMENT GRANTS FOR CERTAIN STATES.**

18 Subpart I of part B of title XXVI of the Public
19 Health Service Act (42 U.S.C. 300ff-11 et seq.) is amend-
20 ed by adding at the end the following:

21 **“SEC. 2622. SUPPLEMENTAL GRANTS.**

22 “(a) **IN GENERAL.**—The Secretary shall award sup-
23 plemental grants to States determined to be eligible under
24 subsection (b) to enable such States to provide comprehen-
25 sive services of the type described in section 2612(a) to

1 supplement the services otherwise provided by the State
 2 under a grant under this subpart in areas within the State
 3 that are not eligible to receive grants under part A.

4 “(b) ELIGIBILITY.—To be eligible to receive a supple-
 5 mental grant under subsection (a) a State shall—

6 “(1) be eligible to receive a grant under this
 7 subpart; and

8 “(2) demonstrate to the Secretary that there is
 9 severe need (as defined for purposes of section
 10 2603(b)(2)(A) for supplemental financial assistance
 11 in areas in the State that are not served through
 12 grants under part A.

13 “(c) APPLICATION.—A State that desires a grant
 14 under this section shall, as part of the State application
 15 submitted under section 2617, submit a detailed descrip-
 16 tion of the manner in which the State will use amounts
 17 received under the grant and of the severity of need. Such
 18 description shall include—

19 “(1) a report concerning the dissemination of
 20 supplemental funds under this section and the plan
 21 for the utilization of such funds;

22 “(2) a demonstration of the existing commit-
 23 ment of local resources, both financial and in-kind;

24 “(3) a demonstration that the State will main-
 25 tain HIV-related activities at a level that is equal to

1 not less than the level of such activities in the State
2 for the 1-year period preceding the fiscal year for
3 which the State is applying to receive a grant under
4 this part;

5 “(4) a demonstration of the ability of the State
6 to utilize such supplemental financial resources in a
7 manner that is immediately responsive and cost ef-
8 fective;

9 “(5) a demonstration that the resources will be
10 allocated in accordance with the local demographic
11 incidence of AIDS including appropriate allocations
12 for services for infants, children, women, and fami-
13 lies with HIV disease;

14 “(6) a demonstration of the inclusiveness of the
15 planning process, with particular emphasis on af-
16 fected communities and individuals with HIV dis-
17 ease; and

18 “(7) a demonstration of the manner in which
19 the proposed services are consistent with local needs
20 assessments and the statewide coordinated state-
21 ment of need.

22 “(d) AMOUNT RESERVED FOR EMERGING COMMU-
23 NITIES.—

24 “(1) IN GENERAL.—For awarding grants under
25 this section for each fiscal year, the Secretary shall

1 reserve the greater of 50 percent of the amount to
 2 be utilized under subsection (c) for such fiscal year
 3 or \$5,000,000, to be provided to States that contain
 4 emerging communities for use in such communities.

5 “(2) DEFINITION.—In paragraph (1), the term
 6 ‘emerging community’ means a metropolitan area—

7 “(A) that is not eligible for a grant under
 8 part A; and

9 “(B) for which there has been reported to
 10 the Director of the Centers for Disease Control
 11 and Prevention a cumulative total of between
 12 1000 and 1999 cases of acquired immune defi-
 13 ciency syndrome for the most recent period of
 14 5 calendar years for which such data are avail-
 15 able.

16 “(c) APPROPRIATIONS.—With respect to each fiscal
 17 year beginning with fiscal year 2001, the Secretary, to
 18 carry out this section, shall utilize 50 percent of the
 19 amount appropriated under section 2677 to carry out part
 20 B for such fiscal year that is in excess of the amount ap-
 21 propriated to carry out such part in fiscal year preceding
 22 the fiscal year involved.

23 **SEC. 129. USE OF TREATMENT FUNDS.**

24 (a) STATE DUTIES.—Section 2616(c) (42 U.S.C.
 25 300ff-26(c)) is amended—

1 (1) in the matter preceding paragraph (1), by
2 striking “shall—” and inserting “shall use funds
3 made available under this section to—”;

4 (2) by redesignating paragraphs (1) through
5 (5) as subparagraphs (A) through (E), respectively
6 and realigning the margins of such subparagraphs
7 appropriately;

8 (3) in subparagraph (D) (as so redesignated),
9 by striking “and” at the end;

10 (4) in subparagraph (E) (as so redesignated),
11 by striking the period and “; and”; and

12 (5) by adding at the end the following:

13 “(F) encourage, support, and enhance adher-
14 ence to and compliance with treatment regimens, in-
15 cluding related medical monitoring.”;

16 (6) by striking “In carrying” and inserting the
17 following:

18 “(1) IN GENERAL.—In carrying”; and

19 (7) by adding at the end the following:

20 “(2) LIMITATIONS.—

21 “(A) IN GENERAL.—No State shall use
22 funds under paragraph (1)(F) unless the limita-
23 tions on access to HIV/AIDS therapeutic regi-
24 mens as defined in subsection (c)(2) are elimi-
25 nated.

1 “(B) AMOUNT OF FUNDING.—No State
 2 shall use in excess of 10 percent of the amount
 3 set-aside for use under this section in any fiscal
 4 year to carry out activities under paragraph
 5 (1)(F) unless the State demonstrates to the
 6 Secretary that such additional services are es-
 7 sential and in no way diminish access to thera-
 8 peuties.”.

9 (b) SUPPLEMENT GRANTS.—Section 2616 (42
 10 U.S.C. 300ff-26(c)) is amended by adding at the end the
 11 following:

12 “(e) SUPPLEMENTAL GRANTS FOR THE PROVISION
 13 OF TREATMENTS.—

14 “(1) IN GENERAL.—From amounts made avail-
 15 able under paragraph (5), the Secretary shall award
 16 supplemental grants to States determined to be eligi-
 17 ble under paragraph (2) to enable such States to
 18 provide access to therapeutics to treat HIV disease
 19 as provided by the State under subsection (c)(1)(B)
 20 for individuals at or below 200 percent of the Fed-
 21 eral poverty line.

22 “(2) CRITERIA.—The Secretary shall develop
 23 criteria for the awarding of grants under paragraph
 24 (1) to States that demonstrate a severe need. In de-
 25 termining the criteria for demonstrating State sever-

1 ity of need (as defined for purposes of section
 2 2603(b)(2)(A)), the Secretary shall consider whether
 3 limitation to access exist such that—

4 “(A) the State programs under this section
 5 are unable to provide HIV/AIDS therapeutic
 6 regimens to all eligible individuals living at or
 7 below 200 percent of the Federal poverty line;
 8 and

9 “(B) the State programs under this section
 10 are unable to provide to all eligible individuals
 11 appropriate HIV/AIDS therapeutic regimens as
 12 recommended in the most recent Federal treat-
 13 ment guidelines.

14 “(3) STATE REQUIREMENT.—The Secretary
 15 may not make a grant to a State under this sub-
 16 section unless the State agrees that—

17 “(A) the State will make available (directly
 18 or through donations from public or private en-
 19 tities) non-Federal contributions toward the ac-
 20 tivities to be carried out under the grant in an
 21 amount equal to \$1 for each \$4 of Federal
 22 funds provided in the grant; and

23 “(B) the State will not impose eligibility
 24 requirements for services or scope of benefits
 25 limitations under subsection (a) that are more

1 restrictive than such requirements in effect as
2 of January 1, 2000.

3 ~~“(4) USE AND COORDINATION.—~~Amounts made
4 available under a grant under this subsection shall
5 only be used by the State to provide AIDS/HIV-re-
6 lated medications. The State shall coordinate the use
7 of such amounts with the amounts otherwise pro-
8 vided under this section in order to maximize drug
9 coverage.

10 ~~“(5) FUNDING.—~~

11 ~~“(A) RESERVATION OF AMOUNT.—~~The
12 Secretary may reserve not to exceed 4 percent,
13 but not less than 2 percent, of any amount re-
14 ferred to in section 2618(b)(2)(H) that is ap-
15 propriated for a fiscal year, to carry out this
16 subsection.

17 ~~“(B) MINIMUM AMOUNT.—~~In providing
18 grants under this subsection, the Secretary
19 shall ensure that the amount of a grant to a
20 State under this part is not less than the
21 amount the State received under this part in
22 the previous fiscal year, as a result of grants
23 provided under this subsection.”.

1 (c) ~~SUPPLEMENT AND NOT SUPPLANT.~~—Section
 2 2616 (42 U.S.C. 300ff-26(e)), as amended by subsection
 3 (b), is further amended by adding at the end the following:

4 “(f) ~~SUPPLEMENT NOT SUPPLANT.~~—Notwith-
 5 standing any other provision of law, amounts made avail-
 6 able under this section shall be used to supplement and
 7 not supplant other funding available to provide treatments
 8 of the type that may be provided under this section.”.

9 **SEC. 130. INCREASE IN MINIMUM ALLOTMENT.**

10 (a) ~~IN GENERAL.~~—Section 2618(b)(1)(A)(i) (42
 11 U.S.C. 300ff-28(b)(1)(A)(i)) is amended—

12 (1) in subclause (I), by striking “\$100,000”
 13 and inserting “\$200,000”; and

14 (2) in subclause (II), by striking “\$250,000”
 15 and inserting “\$500,000”.

16 (b) ~~TECHNICAL AMENDMENT.~~—Section
 17 2618(b)(3)(B) (42 U.S.C. 300ff-28(b)(3)(B)) is amended
 18 by striking “and the Republic of the Marshall Islands”
 19 and inserting “, the Republic of the Marshall Islands, the
 20 Federated States of Micronesia, and the Republic of
 21 Palau”.

22 **SEC. 131. SET-ASIDE FOR INFANTS, CHILDREN, AND**
 23 **WOMEN.**

24 Section 2611(b) (42 U.S.C. 300ff-21(b)) is
 25 amended—

5 **Subtitle C—Amendments to Part C**
6 **(Early Intervention Services)**

9 (a) AMENDMENT OF HEADING.—The heading of part
10 C of title XXVI is amended to read as follows:

(b) REPEAL.—Part C of title XXVI (42 U.S.C. 300ff-41 et seq.) is amended—

(2) by redesignating subparts II and III as subparts I and II.

19 (1) INFORMATION REGARDING RECEIPT OF
20 SERVICES.—Section 2661(a) (42 U.S.C. 300ff-
21 61(a)) is amended by striking “unless—” and all
22 that follows through “(2) in the case of” and insert-
23 ing “unless, in the case of”.

(2) ADDITIONAL AGREEMENTS.—Section 2664
(42 U.S.C. 300ff-64) is amended—

1 (A) in subsection (e)(5), by striking
2 “2642(b) or”;

3 (B) in subsection (f)(2), by striking
4 “2642(b) or”; and

5 (C) by striking subsection (h).

6 **SEC. 142. PLANNING AND DEVELOPMENT GRANTS.**

7 (a) ALLOWING PLANNING AND DEVELOPMENT
8 GRANT TO EXPAND ABILITY TO PROVIDE PRIMARY CARE
9 SERVICES.—Section 2654(e) (42 U.S.C. 300ff-54(e)) is
10 amended—

11 (1) in paragraph (1), to read as follows:

12 “(1) IN GENERAL.—The Secretary may provide
13 planning and development grants to public and non-
14 profit private entities for the purpose of—

15 “(A) enabling such entities to provide HIV
16 early intervention services; or

17 “(B) assisting such entities to expand the
18 capacity, preparedness, and expertise to deliver
19 primary care services to individuals with HIV
20 disease in underserved low-income communities
21 on the condition that the funds are not used to
22 purchase or improve land or to purchase, con-
23 struct, or permanently improve (other than
24 minor remodeling) any building or other facil-
25 ity.”; and

1 (2) in paragraphs (2) and (3) by striking
2 “paragraph (1)” each place that such appears and
3 inserting “paragraph (1)(A)”.

4 (b) AMOUNT; DURATION.—Section 2654(c) (42
5 U.S.C. 300ff-54(e)), as amended by subsection (a), is fur-
6 ther amended—

7 (1) by redesignating paragraph (4) as para-
8 graph (5); and

9 (2) by inserting after paragraph (3) the fol-
10 lowing:

11 “(4) AMOUNT AND DURATION OF GRANTS.—

12 “(A) EARLY INTERVENTION SERVICES.—A
13 grant under paragraph (1)(A) may be made in
14 an amount not to exceed \$50,000.

15 “(B) CAPACITY DEVELOPMENT.—

16 “(i) AMOUNT.—A grant under para-
17 graph (1)(B) may be made in an amount
18 not to exceed \$150,000.

19 “(ii) DURATION.—The total duration
20 of a grant under paragraph (1)(B), includ-
21 ing any renewal, may not exceed 3 years.”.

22 (c) INCREASE IN LIMITATION.—Section 2654(c)(5)
23 (42 U.S.C. 300ff-54(e)(5)), as so redesignated by sub-
24 section (b), is amended by striking “1 percent” and insert-
25 ing “5 percent”.

1 **SEC. 143. AUTHORIZATION OF APPROPRIATIONS FOR CAT-**
 2 **EGORICAL GRANTS.**

3 Section 2655 (42 U.S.C. 300ff-55) is amended by
 4 striking “1996” and all that follows through “2000” and
 5 inserting “2001 through 2005”.

6 **SEC. 144. ADMINISTRATIVE EXPENSES CEILING; QUALITY**
 7 **MANAGEMENT PROGRAM.**

8 Section 2664(g) (42 U.S.C. 300ff-64(g)) is
 9 amended—

10 (1) in paragraph (3), to read as follows:

11 “(3) the applicant will not expend more than 10
 12 percent of the grant for costs of administrative ac-
 13 tivities with respect to the grant;”;

14 (2) in paragraph (4), by striking the period and
 15 inserting “; and”; and

16 (3) by adding at the end the following:

17 “(5) the applicant will provide for the establish-
 18 ment of a quality management program to assess
 19 the extent to which medical services funded under
 20 this title that are provided to patients are consistent
 21 with the most recent Public Health Service guide-
 22 lines for the treatment of HIV disease and related
 23 opportunistic infections and that improvements in
 24 the access to and quality of medical services are ad-
 25 dressed.”.

1 **SEC. 145. PREFERENCE FOR CERTAIN AREAS.**

2 Section 2651 (42 U.S.C. 300ff-51) is amended by
3 adding at the end the following:

4 “(d) PREFERENCE IN AWARDING GRANTS.—Begin-
5 ning in fiscal year 2001, in awarding new grants under
6 this section, the Secretary shall give preference to appli-
7 cants that will use amounts received under the grant to
8 serve areas that are otherwise not eligible to receive assist-
9 ance under part A.”.

10 **Subtitle D—Amendments to Part D**
11 **(General Provisions)**

12 **SEC. 151. RESEARCH INVOLVING WOMEN, INFANTS, CHIL-**
13 **DREN, AND YOUTH.**

14 (a) **ELIMINATION OF REQUIREMENT TO ENROLL**
15 **SIGNIFICANT NUMBERS OF WOMEN AND CHILDREN.—**

16 Section 2671(b) (42 U.S.C. 300ff-71(b)) is amended—

17 (1) in paragraph (1), by striking subparagraphs
18 (C) and (D); and

19 (2) by striking paragraphs (3) and (4).

20 (b) **INFORMATION AND EDUCATION.—**Section
21 2671(d) (42 U.S.C. 300ff-71(d)) is amended by adding
22 at the end the following:

23 “(4) The applicant will provide individuals with
24 information and education on opportunities to par-
25 ticipate in HIV/AIDS-related clinical research.”.

1 (c) QUALITY MANAGEMENT; ADMINISTRATIVE EX-
 2 PENSES CEILING.—Section 2671(f) (42 U.S.C. 300ff-
 3 71(f)) is amended—

4 (1) by striking the subsection heading and des-
 5 ignation and inserting the following:

6 “(f) ADMINISTRATION.—

7 “(1) APPLICATION.—”; and

8 (2) by adding at the end the following:

9 “(2) QUALITY MANAGEMENT PROGRAM.—A
 10 grantee under this section shall implement a quality
 11 management program.”.

12 (d) COORDINATION.—Section 2671(g) (42 U.S.C.
 13 300ff-71(g)) is amended by adding at the end the fol-
 14 lowing: “The Secretary acting through the Director of
 15 NIH, shall examine the distribution and availability of on-
 16 going and appropriate HIV/AIDS-related research
 17 projects to existing sites under this section for purposes
 18 of enhancing and expanding voluntary access to HIV-re-
 19 lated research, especially within communities that are not
 20 reasonably served by such projects.”.

21 (e) AUTHORIZATION OF APPROPRIATIONS.—Section
 22 2671(j) (42 U.S.C. 300ff-71(j)) is amended by striking
 23 “fiscal years 1996 through 2000” and inserting “fiscal
 24 years 2001 through 2005”.

1 **SEC. 152. LIMITATION ON ADMINISTRATIVE EXPENSES.**

2 Section 2671 (42 U.S.C. 300ff-71) is amended—

3 (1) by redesignating subsections (i) and (j), as
4 subsections (j) and (k), respectively; and

5 (2) by inserting after subsection (h), the fol-
6 lowing:

7 “(i) LIMITATION ON ADMINISTRATIVE EXPENSES.—

8 “(1) DETERMINATION BY SECRETARY.—Not
9 later than 12 months after the date of enactment of
10 the Ryan White Care Act Amendments of 2000, the
11 Secretary, in consultation with grantees under this
12 part, shall conduct a review of the administrative,
13 program support, and direct service-related activities
14 that are carried out under this part to ensure that
15 eligible individuals have access to quality, HIV-re-
16 lated health and support services and research op-
17 portunities under this part, and to support the pro-
18 vision of such services.

19 “(2) REQUIREMENTS.—

20 “(A) IN GENERAL.—Not later than 180
21 days after the expiration of the 12-month pe-
22 riod referred to in paragraph (1) the Secretary,
23 in consultation with grantees under this part,
24 shall determine the relationship between the
25 costs of the activities referred to in paragraph
26 (1) and the access of eligible individuals to the

1 services and research opportunities described in
 2 such paragraph.

3 “(B) LIMITATION.—After a final deter-
 4 mination under subparagraph (A), the Sec-
 5 retary may not make a grant under this part
 6 unless the grantee complies with such require-
 7 ments as may be included in such determina-
 8 tion.”.

9 **SEC. 153. EVALUATIONS AND REPORTS.**

10 Section 2674(c) (42 U.S.C. 399ff-74(c)) is amended
 11 by striking “1991 through 1995” and inserting “2001
 12 through 2005”.

13 **SEC. 154. AUTHORIZATION OF APPROPRIATIONS FOR**
 14 **GRANTS UNDER PARTS A AND B.**

15 Section 2677 (42 U.S.C. 300ff-77) is amended to
 16 read as follows:

17 **“SEC. 2677. AUTHORIZATION OF APPROPRIATIONS.**

18 “There are authorized to be appropriated—

19 “(1) such sums as may be necessary to carry
 20 out part A for each of the fiscal years 2001 through
 21 2005; and

22 “(2) such sums as may be necessary to carry
 23 out part B for each of the fiscal years 2001 through
 24 2005.”.

1 **Subtitle E—Amendments to Part F**
 2 **(Demonstration and Training)**

3 **SEC. 161. AUTHORIZATION OF APPROPRIATIONS.**

4 (a) SCHOOLS; CENTERS.—Section 2692(c)(1) (42
 5 U.S.C. 300ff-111(c)(1)) is amended by striking “fiscal
 6 years 1996 through 2000” and inserting “fiscal years
 7 2001 through 2005”.

8 (b) DENTAL SCHOOLS.—Section 2692(c)(2) (42
 9 U.S.C. 300ff-111(c)(2)) is amended by striking “fiscal
 10 years 1996 through 2000” and inserting “fiscal years
 11 2001 through 2005”.

12 **TITLE II—MISCELLANEOUS**
 13 **PROVISIONS**

14 **SEC. 201. INSTITUTE OF MEDICINE STUDY.**

15 (a) IN GENERAL.—Not later than 120 days after the
 16 date of enactment of this Act, the Secretary of Health and
 17 Human Services shall enter into a contract with the Insti-
 18 tute of Medicine for the conduct of a study concerning
 19 the appropriate epidemiological measures and their rela-
 20 tionship to the financing and delivery of primary care and
 21 health-related support services for low-income, uninsured,
 22 and under-insured individuals with HIV disease.

23 (b) REQUIREMENTS.—

24 (1) COMPLETION.—The study under subsection

25 (a) shall be completed not later than 21 months

1 after the date on which the contract referred to in
2 such subsection is entered into.

3 ~~(2) ISSUES TO BE CONSIDERED.~~—The study
4 conducted under subsection (a) shall consider—

5 (A) the availability and utility of health
6 outcomes measures and data for HIV primary
7 care and support services and the extent to
8 which those measures and data could be used to
9 measure the quality of such funded services;

10 (B) the effectiveness and efficiency of serv-
11 ice delivery (including the quality of services,
12 health outcomes, and resource use) within the
13 context of a changing health care and thera-
14 peutic environment as well as the changing epi-
15 demiology of the epidemic;

16 (C) existing and needed epidemiological
17 data and other analytic tools for resource plan-
18 ning and allocation decisions, specifically for es-
19 timating severity of need of a community and
20 the relationship to the allocations process; and

21 (D) other factors determined to be relevant
22 to assessing an individual's or community's
23 ability to gain and sustain access to quality
24 HIV services.

1 ~~(c) REPORT.—Not later than 90 days after the date~~
 2 ~~on which the study is completed under subsection (a), the~~
 3 ~~Secretary of Health and Human Services shall prepare~~
 4 ~~and submit to the appropriate committees of Congress a~~
 5 ~~report describing the manner in which the conclusions and~~
 6 ~~recommendations of the Institute of Medicine can be ad-~~
 7 ~~dressed and implemented.~~

8 **SECTION 1. SHORT TITLE.**

9 *This Act may be cited as the “Ryan White CARE Act*
 10 *Amendments of 2000”.*

11 **SEC. 2. REFERENCES; TABLE OF CONTENTS.**

12 *(a) REFERENCES.—Except as otherwise expressly pro-*
 13 *vided, whenever in this Act an amendment or repeal is ex-*
 14 *pressed in terms of an amendment to, or repeal of, a section*
 15 *or other provision, the reference shall be considered to be*
 16 *made to a section or other provision of the Public Health*
 17 *Service Act (42 U.S.C. 201 et seq.).*

18 *(b) Table of Contents.—The table of contents of this*
 19 *Act is as follows:*

Sec. 1. Short title.

Sec. 2. References; table of contents.

TITLE I—AMENDMENTS TO HIV HEALTH CARE PROGRAM

Subtitle A—Amendments to Part A (Emergency Relief Grants)

Sec. 101. Duties of planning council, funding priorities, quality assessment.

Sec. 102. Quality management.

Sec. 103. Funded entities required to have health care relationships.

Sec. 104. Support services required to be health care-related.

Sec. 105. Use of grant funds for early intervention services.

Sec. 106. Replacement of specified fiscal years regarding the sunset on expedited distribution requirements.

Sec. 107. Hold harmless provision.

Sec. 108. Set-aside for infants, children, and women.

Subtitle B—Amendments to Part B (Care Grant Program)

Sec. 121. State requirements concerning identification of need and allocation of resources.

Sec. 122. Quality management.

Sec. 123. Funded entities required to have health care relationships.

Sec. 124. Support services required to be health care-related.

Sec. 125. Use of grant funds for early intervention services.

Sec. 126. Authorization of appropriations for HIV-related services for women and children.

Sec. 127. Repeal of requirement for completed Institute of Medicine report.

Sec. 128. Supplement grants for certain States.

Sec. 129. Use of treatment funds.

Sec. 130. Increase in minimum allotment.

Sec. 131. Set-aside for infants, children, and women.

Subtitle C—Amendments to Part C (Early Intervention Services)

Sec. 141. Amendment of heading; repeal of formula grant program.

Sec. 142. Planning and development grants.

Sec. 143. Authorization of appropriations for categorical grants.

Sec. 144. Administrative expenses ceiling; quality management program.

Sec. 145. Preference for certain areas.

Sec. 146. Technical amendment.

Subtitle D—Amendments to Part D (General Provisions)

Sec. 151. Research involving women, infants, children, and youth.

Sec. 152. Limitation on administrative expenses.

Sec. 153. Evaluations and reports.

Sec. 154. Authorization of appropriations for grants under parts A and B.

Subtitle E—Amendments to Part F (Demonstration and Training)

Sec. 161. Authorization of appropriations.

TITLE II—MISCELLANEOUS PROVISIONS

Sec. 201. Institute of Medicine study.

1 TITLE I—AMENDMENTS TO HIV
2 HEALTH CARE PROGRAM
3 Subtitle A—Amendments to Part A
4 (Emergency Relief Grants)
5 SEC. 101. DUTIES OF PLANNING COUNCIL, FUNDING PRIOR-
6 ITIES, QUALITY ASSESSMENT.

7 Section 2602 (42 U.S.C. 300ff–12) is amended—

1 (1) *in subsection (b)—*

2 (A) *in paragraph (2)(C), by inserting before*
 3 *the semicolon the following: “, including pro-*
 4 *viders of housing and homeless services”; and*

5 (B) *in paragraph (4), by striking*
 6 *“shall—” and all that follows and inserting*
 7 *“shall have the responsibilities specified in sub-*
 8 *section (d).”; and*

9 (2) *by adding at the end the following:*

10 “(d) *DUTIES OF PLANNING COUNCIL.—The planning*
 11 *council established under subsection (b) shall have the fol-*
 12 *lowing duties:*

13 “(1) *PRIORITIES FOR ALLOCATION OF FUNDS.—*
 14 *The council shall establish priorities for the allocation*
 15 *of funds within the eligible area, including how best*
 16 *to meet each such priority and additional factors that*
 17 *a grantee should consider in allocating funds under*
 18 *a grant, based on the following factors:*

19 “(A) *The size and demographic characteris-*
 20 *tics of the population with HIV disease to be*
 21 *served, including, subject to subsection (e), the*
 22 *needs of individuals living with HIV infection*
 23 *who are not receiving HIV-related health serv-*
 24 *ices.*

1 “(B) *The documented needs of the popu-*
 2 *lation with HIV disease with particular atten-*
 3 *tion being given to disparities in health services*
 4 *among affected subgroups within the eligible*
 5 *area.*

6 “(C) *The demonstrated or probable cost and*
 7 *outcome effectiveness of proposed strategies and*
 8 *interventions, to the extent that data are reason-*
 9 *ably available.*

10 “(D) *Priorities of the communities with*
 11 *HIV disease for whom the services are intended.*

12 “(E) *The availability of other governmental*
 13 *and non-governmental resources, including the*
 14 *State medicaid plan under title XIX of the So-*
 15 *cial Security Act and the State Children’s*
 16 *Health Insurance Program under title XXI of*
 17 *such Act to cover health care costs of eligible in-*
 18 *dividuals and families with HIV disease.*

19 “(F) *Capacity development needs resulting*
 20 *from gaps in the availability of HIV services in*
 21 *historically underserved low-income commu-*
 22 *nities.*

23 “(2) *COMPREHENSIVE SERVICE DELIVERY*
 24 *PLAN.—The council shall develop a comprehensive*
 25 *plan for the organization and delivery of health and*

1 *support services described in section 2604. Such plan*
 2 *shall be compatible with any existing State or local*
 3 *plans regarding the provision of such services to indi-*
 4 *viduals with HIV disease.*

5 *“(3) ASSESSMENT OF FUND ALLOCATION EFFI-*
 6 *CIENCY.—The council shall assess the efficiency of the*
 7 *administrative mechanism in rapidly allocating*
 8 *funds to the areas of greatest need within the eligible*
 9 *area.*

10 *“(4) STATEWIDE STATEMENT OF NEED.—The*
 11 *council shall participate in the development of the*
 12 *Statewide coordinated statement of need as initiated*
 13 *by the State public health agency responsible for ad-*
 14 *ministering grants under part B.*

15 *“(5) COORDINATION WITH OTHER FEDERAL*
 16 *GRANTEES.—The council shall coordinate with Fed-*
 17 *eral grantees providing HIV-related services within*
 18 *the eligible area.*

19 *“(6) COMMUNITY PARTICIPATION.—The council*
 20 *shall establish methods for obtaining input on com-*
 21 *munity needs and priorities which may include pub-*
 22 *lic meetings, conducting focus groups, and convening*
 23 *ad-hoc panels.*

24 *“(e) PROCESS FOR ESTABLISHING ALLOCATION PRI-*
 25 *ORITIES.—*

1 “(1) *IN GENERAL.*—Not later than 24 months
2 after the date of enactment of the Ryan White CARE
3 Act Amendments of 2000, the Secretary shall—

4 “(A) consult with eligible metropolitan
5 areas, affected communities, experts, and other
6 appropriate individuals and entities, to develop
7 epidemiologic measures for establishing the num-
8 ber of individuals living with HIV disease who
9 are not receiving HIV-related health services;
10 and

11 “(B) provide advice and technical assist-
12 ance to planning councils with respect to the
13 process for establishing priorities for the alloca-
14 tion of funds under subsection (d)(1).

15 “(2) *EXCEPTION.*—Grantees under this part
16 shall not be required to establish priorities for indi-
17 viduals not in care until epidemiologic measures are
18 developed under paragraph (1).”.

19 **SEC. 102. QUALITY MANAGEMENT.**

20 (a) *FUNDS AVAILABLE FOR QUALITY MANAGEMENT.*—
21 Section 2604 (42 U.S.C. 300ff–14) is amended—

22 (1) by redesignating subsections (c) through (f)
23 as subsections (d) through (g), respectively; and

24 (2) by inserting after subsection (b) the fol-
25 lowing:

1 “(c) *QUALITY MANAGEMENT.*—

2 “(1) *REQUIREMENT.*—*The chief elected official of*
 3 *an eligible area that receives a grant under this part*
 4 *shall provide for the establishment of a quality man-*
 5 *agement program to assess the extent to which med-*
 6 *ical services provided to patients under the grant are*
 7 *consistent with the most recent Public Health Service*
 8 *guidelines for the treatment of HIV disease and re-*
 9 *lated opportunistic infection and to develop strategies*
 10 *for improvements in the access to and quality of med-*
 11 *ical services.*

12 “(2) *USE OF FUNDS.*—*From amounts received*
 13 *under a grant awarded under this part, the chief*
 14 *elected official of an eligible area may use, for activi-*
 15 *ties associated with its quality management program,*
 16 *not more than the lesser of—*

17 “(A) *5 percent of amounts received under*
 18 *the grant; or*

19 “(B) *\$3,000,000.*”.

20 (b) *QUALITY MANAGEMENT REQUIRED FOR ELIGI-*
 21 *BILITY FOR GRANTS.*—*Section 2605(a) (42 U.S.C. 300ff-*
 22 *15(a)) is amended—*

23 (1) *by redesignating paragraphs (3) through (6)*
 24 *as paragraphs (5) through (8), respectively; and*

1 (2) by inserting after paragraph (2) the fol-
2 lowing:

3 “(3) that the chief elected official of the eligible
4 area will satisfy all requirements under section
5 2604(c);”.

6 **SEC. 103. FUNDED ENTITIES REQUIRED TO HAVE HEALTH**
7 **CARE RELATIONSHIPS.**

8 (a) *USE OF AMOUNTS.*—Section 2604(e)(1) (42 U.S.C.
9 300ff–14(d)(1)) (as so redesignated by section 102(a)) is
10 amended by inserting “and the State Children’s Health In-
11 surance Program under title XXI of such Act” after “Social
12 Security Act”.

13 (b) *APPLICATIONS.*—Section 2605(a) (42 U.S.C.
14 300ff–15(a)) is amended by inserting after paragraph (3),
15 as added by section 102(b), the following:

16 “(4) that funded entities within the eligible area
17 that receive funds under a grant under section
18 2601(a) shall maintain appropriate relationships
19 with entities in the area served that constitute key
20 points of access to the health care system for individ-
21 uals with HIV disease (including emergency rooms,
22 substance abuse treatment programs, detoxification
23 centers, adult and juvenile detention facilities, sexu-
24 ally transmitted disease clinics, HIV counseling and
25 testing sites, mental health programs, and homeless

1 shelters) and other entities under section 2652(a) for
 2 the purpose of facilitating early intervention for indi-
 3 viduals newly diagnosed with HIV disease and indi-
 4 viduals knowledgeable of their status but not in
 5 care;”.

6 **SEC. 104. SUPPORT SERVICES REQUIRED TO BE HEALTH**
 7 **CARE-RELATED.**

8 (a) *IN GENERAL.*—Section 2604(b)(1) (42 U.S.C.
 9 300ff-14(b)(1)) is amended—

10 (1) in the matter preceding subparagraph (A),
 11 by striking “HIV-related—” and inserting “HIV-re-
 12 lated services, as follows:”;

13 (2) in subparagraph (A)—

14 (A) by striking “outpatient” and all that
 15 follows through “substance abuse treatment and”
 16 and inserting the following: “*OUTPATIENT*
 17 *HEALTH SERVICES.*—Outpatient and ambulatory
 18 health services, including substance abuse treat-
 19 ment,”; and

20 (B) by striking “; and” and inserting a pe-
 21 riod;

22 (3) in subparagraph (B), by striking “(B) inpa-
 23 tient case management” and inserting “(C) *INPA-*
 24 *TIENT CASE MANAGEMENT SERVICES.*—Inpatient case
 25 management”; and

1 (4) by inserting after subparagraph (A) the fol-
 2 lowing:

3 “(B) *OUTPATIENT SUPPORT SERVICES.*—
 4 *Outpatient and ambulatory support services (in-*
 5 *cluding case management), to the extent that*
 6 *such services facilitate, enhance, support, or sus-*
 7 *tain the delivery, continuity, or benefits of health*
 8 *services for individuals and families with HIV*
 9 *disease.”.*

10 (b) *CONFORMING AMENDMENT TO APPLICATION RE-*
 11 *QUIREMENTS.*—*Section 2605(a) (42 U.S.C. 300ff-15(a)), as*
 12 *amended by section 102(b), is further amended—*

13 (1) *in paragraph (7) (as so redesignated), by*
 14 *striking “and” at the end thereof;*

15 (2) *in paragraph (8) (as so redesignated), by*
 16 *striking the period and inserting “; and”; and*

17 (3) *by adding at the end the following:*

18 “(9) *that the eligible area has procedures in*
 19 *place to ensure that services provided with funds re-*
 20 *ceived under this part meet the criteria specified in*
 21 *section 2604(b)(1).”.*

1 **SEC. 105. USE OF GRANT FUNDS FOR EARLY INTERVENTION**
 2 **SERVICES.**

3 (a) *IN GENERAL.*—Section 2604(b)(1) (42 U.S.C.
 4 300ff–14(b)(1)), as amended by section 104(a), is further
 5 amended by adding at the end the following:

6 “(D) *EARLY INTERVENTION SERVICES.*—
 7 *Early intervention services as described in sec-*
 8 *tion 2651(b)(2), with follow-through referral,*
 9 *provided for the purpose of facilitating the access*
 10 *of individuals receiving the services to HIV-re-*
 11 *lated health services, but only if the entity pro-*
 12 *viding such services—*

13 “(i) *(I) is receiving funds under sub-*
 14 *paragraph (A) or (C); or*

15 “(II) *is an entity constituting a point*
 16 *of access to services, as described in section*
 17 *2605(a)(4), that maintains a relationship*
 18 *with an entity described in subclause (I)*
 19 *and that is serving individuals at elevated*
 20 *risk of HIV disease;*

21 “(ii) *demonstrates to the satisfaction of*
 22 *the chief elected official that Federal, State,*
 23 *or local funds are inadequate for the early*
 24 *intervention services the entity will provide*
 25 *with funds received under this subpara-*
 26 *graph; and*

1 “(iii) demonstrates to the satisfaction
 2 of the chief elected official that funds will be
 3 utilized under this subparagraph to supple-
 4 ment not supplant other funds available for
 5 such services in the year for which such
 6 funds are being utilized.”.

7 (b) **CONFORMING AMENDMENTS TO APPLICATION RE-**
 8 **QUIREMENTS.**—Section 2605(a)(1) (42 U.S.C. 300ff–
 9 15(a)(1)) is amended—

10 (1) in subparagraph (A), by striking “services to
 11 individuals with HIV disease” and inserting “services
 12 as described in section 2604(b)(1)”; and

13 (2) in subparagraph (B), by striking “services
 14 for individuals with HIV disease” and inserting
 15 “services as described in section 2604(b)(1)”.

16 **SEC. 106. REPLACEMENT OF SPECIFIED FISCAL YEARS RE-**
 17 **GARDING THE SUNSET ON EXPEDITED DIS-**
 18 **TRIBUTION REQUIREMENTS.**

19 Section 2603(a)(2) (42 U.S.C. 300ff–13(a)(2)) is
 20 amended by striking “for each of the fiscal years 1996
 21 through 2000” and inserting “for a fiscal year”.

22 **SEC. 107. HOLD HARMLESS PROVISION.**

23 Section 2603(a)(4) (42 U.S.C. 300ff–13(a)(4)) is
 24 amended to read as follows:

1 “(4) *LIMITATION.*—With respect to each of fiscal
 2 years 2001 through 2005, the Secretary shall ensure
 3 that the amount of a grant made to an eligible area
 4 under paragraph (2) for such a fiscal year is not less
 5 than an amount equal to 98 percent of the amount
 6 the eligible area received for the fiscal year preceding
 7 the year for which the determination is being made.”.

8 **SEC. 108. SET-ASIDE FOR INFANTS, CHILDREN, AND**
 9 **WOMEN.**

10 Section 2604(b)(3) (42 U.S.C. 300ff-14(b)(3)) is
 11 amended—

12 (1) by inserting “for each population under this
 13 subsection” after “council”; and

14 (2) by striking “ratio of the” and inserting
 15 “ratio of each”.

16 **Subtitle B—Amendments to Part B**
 17 **(Care Grant Program)**

18 **SEC. 121. STATE REQUIREMENTS CONCERNING IDENTIFICA-**
 19 **TION OF NEED AND ALLOCATION OF RE-**
 20 **SOURCES.**

21 (a) *GENERAL USE OF GRANTS.*—Section 2612 (42
 22 U.S.C. 300ff-22) is amended—

23 (1) by striking “A State” and inserting “(a) *IN*
 24 *GENERAL.*—A State”; and

25 (2) in the matter following paragraph (5)—

1 (A) by striking “Services” and inserting:

2 “(b) *DELIVERY OF SERVICES.—Services*”;

3 (B) by striking “paragraph (1)” and insert-
4 ing “subsection (a)(1)”; and

5 (C) by striking “paragraph (2)” and insert-
6 ing “subsection (a)(2) and section 2613”;

7 (b) *APPLICATION.—Section 2617(b) (42 U.S.C. 300ff–*
8 *27(b)) is amended—*

9 (1) in paragraph (1)(C)—

10 (A) by striking clause (i) and inserting the
11 following:

12 “(i) the size and demographic charac-
13 teristics of the population with HIV disease
14 to be served, except that by not later than
15 October 1, 2002, the State shall take into
16 account the needs of individuals not in care,
17 based on epidemiologic measures developed
18 by the Secretary in consultation with the
19 State, affected communities, experts, and
20 other appropriate individuals (such State
21 shall not be required to establish priorities
22 for individuals not in care until such epi-
23 demiologic measures are developed);”;

24 (B) in clause (iii), by striking “and” at the
25 end; and

1 (C) by adding at the end the following:

2 “(v) the availability of other govern-
3 mental and non-governmental resources;

4 “(vi) the capacity development needs
5 resulting in gaps in the provision of HIV
6 services in historically underserved low-in-
7 come and rural low-income communities;
8 and

9 “(vii) the efficiency of the administra-
10 tive mechanism in rapidly allocating funds
11 to the areas of greatest need within the
12 State;”; and

13 (2) in paragraph (2)—

14 (A) in subparagraph (B), by striking “and”
15 at the end;

16 (B) by redesignating subparagraph (C) as
17 subparagraph (F); and

18 (C) by inserting after subparagraph (B),
19 the following:

20 “(C) an assurance that capacity develop-
21 ment needs resulting from gaps in the provision
22 of services in underserved low-income and rural
23 low-income communities will be addressed; and

24 “(D) with respect to fiscal year 2003 and
25 subsequent fiscal years, assurances that, in the

1 *planning and allocation of resources, the State,*
 2 *through systems of HIV-related health services*
 3 *provided under paragraphs (1), (2), and (3) of*
 4 *section 2612(a), will make appropriate provision*
 5 *for the HIV-related health and support service*
 6 *needs of individuals who have been diagnosed*
 7 *with HIV disease but who are not currently re-*
 8 *ceiving such services, based on the epidemiologic*
 9 *measures developed under paragraph (1)(C)(i);”.*

10 **SEC. 122. QUALITY MANAGEMENT.**

11 *(a) STATE REQUIREMENT FOR QUALITY MANAGE-*
 12 *MENT.—Section 2617(b)(4) (42 U.S.C. 300ff–27(b)(4)) is*
 13 *amended—*

14 *(1) by striking subparagraph (C) and inserting*
 15 *the following:*

16 *“(C) the State will provide for—*

17 *“(i) the establishment of a quality*
 18 *management program to assess the extent to*
 19 *which medical services provided to patients*
 20 *under the grant are consistent with the most*
 21 *recent Public Health Service guidelines for*
 22 *the treatment of HIV disease and related*
 23 *opportunistic infections and to develop*
 24 *strategies for improvements in the access to*
 25 *and quality of medical services; and*

1 “(ii) a periodic review (such as
 2 through an independent peer review) to as-
 3 sess the quality and appropriateness of
 4 HIV-related health and support services
 5 provided by entities that receive funds from
 6 the State under this part;”;

7 (2) by redesignating subparagraphs (E) and (F)
 8 as subparagraphs (F) and (G), respectively;

9 (3) by inserting after subparagraph (D), the fol-
 10 lowing:

11 “(E) an assurance that the State, through
 12 systems of HIV-related health services provided
 13 under paragraphs (1), (2), and (3) of section
 14 2612(a), has considered strategies for working
 15 with providers to make optimal use of financial
 16 assistance under the State medicaid plan under
 17 title XIX of the Social Security Act, the State
 18 Children’s Health Insurance Program under title
 19 XXI of such Act, and other Federal grantees that
 20 provide HIV-related services, to maximize access
 21 to quality HIV-related health and support serv-
 22 ices;”;

23 (4) in subparagraph (F), as so redesignated, by
 24 striking “and” at the end; and

1 (5) in subparagraph (G), as so redesignated, by
2 striking the period and inserting “; and”.

3 (b) *AVAILABILITY OF FUNDS FOR QUALITY MANAGE-*
4 *MENT.—*

5 (1) *AVAILABILITY OF GRANT FUNDS FOR PLAN-*
6 *NING AND EVALUATION.—Section 2618(c)(3) (42*
7 *U.S.C. 300ff–28(c)(3)) is amended by inserting before*
8 *the period “, including not more than \$3,000,000 for*
9 *all activities associated with its quality management*
10 *program”.*

11 (2) *EXCEPTION TO COMBINED CEILING ON PLAN-*
12 *NING AND ADMINISTRATION FUNDS FOR STATES WITH*
13 *SMALL GRANTS.—Paragraph (6) of section 2618(c)*
14 *(42 U.S.C. 300ff–28(c)(6)) is amended to read as fol-*
15 *lows:*

16 “(6) *EXCEPTION FOR QUALITY MANAGEMENT.—*
17 *Notwithstanding paragraph (5), a State whose grant*
18 *under this part for a fiscal year does not exceed*
19 *\$1,500,000 may use not to exceed 20 percent of the*
20 *amount of the grant for the purposes described in*
21 *paragraphs (3) and (4) if—*

22 “(A) *that portion of the amount that may*
23 *be used for such purposes in excess of 15 percent*
24 *of the grant is used for its quality management*
25 *program; and*

1 “(B) the State submits and the Secretary
 2 approves a plan (in such form and containing
 3 such information as the Secretary may pre-
 4 scribe) for use of funds for its quality manage-
 5 ment program.”.

6 **SEC. 123. FUNDED ENTITIES REQUIRED TO HAVE HEALTH**
 7 **CARE RELATIONSHIPS.**

8 Section 2617(b)(4) (42 U.S.C. 300ff-27(b)(4)), as
 9 amended by section 122(a), is further amended by adding
 10 at the end the following:

11 “(H) that funded entities maintain appro-
 12 priate relationships with entities in the area
 13 served that constitute key points of access to the
 14 health care system for individuals with HIV dis-
 15 ease (including emergency rooms, substance
 16 abuse treatment programs, detoxification centers,
 17 adult and juvenile detention facilities, sexually
 18 transmitted disease clinics, HIV counseling and
 19 testing sites, mental health programs, and home-
 20 less shelters), and other entities under section
 21 2652(a), for the purpose of facilitating early
 22 intervention for individuals newly diagnosed
 23 with HIV disease and individuals knowledgeable
 24 of their status but not in care.”.

1 **SEC. 124. SUPPORT SERVICES REQUIRED TO BE HEALTH**
 2 **CARE-RELATED.**

3 (a) *TECHNICAL AMENDMENT.*—Section 3(c)(2)(A)(iii)
 4 of the Ryan White CARE Act Amendments of 1996 (Public
 5 Law 104–146) is amended by inserting “before paragraph
 6 (2) as so redesignated” after “inserting”.

7 (b) *SERVICES.*—Section 2612(a)(1) (42 U.S.C. 300ff–
 8 22(a)(1)), as so designated by section 121(a), is amended
 9 by striking “for individuals with HIV disease” and insert-
 10 ing “, subject to the conditions and limitations that apply
 11 under such section”.

12 (c) *CONFORMING AMENDMENT TO STATE APPLICATION*
 13 *REQUIREMENT.*—Section 2617(b)(2) (42 U.S.C. 300ff–
 14 27(b)(2)), as amended by section 121(b), is further amended
 15 by inserting after subparagraph (D) the following:

16 “(E) an assurance that the State has proce-
 17 dures in place to ensure that services provided
 18 with funds received under this section meet the
 19 criteria specified in section 2604(b)(1)(B); and”.

20 **SEC. 125. USE OF GRANT FUNDS FOR EARLY INTERVENTION**
 21 **SERVICES.**

22 Section 2612(a) (42 U.S.C. 300ff–22(a)), as amended
 23 by section 121, is further amended—

24 (1) in paragraph (4), by striking “and” at the
 25 end;

1 (2) in paragraph (5), by striking the period and
2 inserting “; and”; and

3 (3) by adding at the end the following:

4 “(6) to provide, through systems of HIV-related
5 health services provided under paragraphs (1), (2),
6 and (3), early intervention services, as described in
7 section 2651(b)(2), with follow-up referral, provided
8 for the purpose of facilitating the access of individuals
9 receiving the services to HIV-related health services,
10 but only if the entity providing such services—

11 “(A)(i) is receiving funds under section
12 2612(a)(1); or

13 “(ii) is an entity constituting a point of ac-
14 cess to services, as described in section
15 2617(b)(4), that maintains a referral relation-
16 ship with an entity described in clause (i) and
17 that is serving individuals at elevated risk of
18 HIV disease;

19 “(B) demonstrates to the State’s satisfaction
20 that other Federal, State, or local funds are in-
21 adequate for the early intervention services the
22 entity will provide with funds received under
23 this paragraph; and

24 “(C) demonstrates to the satisfaction of the
25 State that funds will be utilized under this para-

1 *graph to supplement not supplant other funds*
 2 *available for such services in the year for which*
 3 *such funds are being utilized.”.*

4 **SEC. 126. AUTHORIZATION OF APPROPRIATIONS FOR HIV-**
 5 **RELATED SERVICES FOR WOMEN AND CHIL-**
 6 **DREN.**

7 *Section 2625(c)(2) (42 U.S.C. 300ff–33(c)(2)) is*
 8 *amended by striking “fiscal years 1996 through 2000” and*
 9 *inserting “fiscal years 2001 through 2005”.*

10 **SEC. 127. REPEAL OF REQUIREMENT FOR COMPLETED IN-**
 11 **STITUTE OF MEDICINE REPORT.**

12 *Section 2628 (42 U.S.C. 300ff–36) is repealed.*

13 **SEC. 128. SUPPLEMENTAL GRANTS FOR CERTAIN STATES.**

14 *Subpart I of part B of title XXVI of the Public Health*
 15 *Service Act (42 U.S.C. 300ff–11 et seq.) is amended by add-*
 16 *ing at the end the following:*

17 **“SEC. 2622. SUPPLEMENTAL GRANTS.**

18 *“(a) IN GENERAL.—The Secretary shall award supple-*
 19 *mental grants to States determined to be eligible under sub-*
 20 *section (b) to enable such States to provide comprehensive*
 21 *services of the type described in section 2612(a) to supple-*
 22 *ment the services otherwise provided by the State under a*
 23 *grant under this subpart in emerging communities within*
 24 *the State that are not eligible to receive grants under part*
 25 *A.*

1 “(b) *ELIGIBILITY.*—*To be eligible to receive a supple-*
 2 *mental grant under subsection (a) a State shall—*

3 “(1) *be eligible to receive a grant under this sub-*
 4 *part;*

5 “(2) *demonstrate the existence in the State of an*
 6 *emerging community as defined in subsection (d)(1);*
 7 *and*

8 “(3) *submit the information described in sub-*
 9 *section (c).*

10 “(c) *REPORTING REQUIREMENTS.*—*A State that de-*
 11 *sires a grant under this section shall, as part of the State*
 12 *application submitted under section 2617, submit a detailed*
 13 *description of the manner in which the State will use*
 14 *amounts received under the grant and of the severity of*
 15 *need. Such description shall include—*

16 “(1) *a report concerning the dissemination of*
 17 *supplemental funds under this section and the plan*
 18 *for the utilization of such funds in the emerging com-*
 19 *munity;*

20 “(2) *a demonstration of the existing commitment*
 21 *of local resources, both financial and in-kind;*

22 “(3) *a demonstration that the State will main-*
 23 *tain HIV-related activities at a level that is equal to*
 24 *not less than the level of such activities in the State*
 25 *for the 1-year period preceding the fiscal year for*

1 *which the State is applying to receive a grant under*
2 *this part;*

3 “(4) *a demonstration of the ability of the State*
4 *to utilize such supplemental financial resources in a*
5 *manner that is immediately responsive and cost effec-*
6 *tive;*

7 “(5) *a demonstration that the resources will be*
8 *allocated in accordance with the local demographic*
9 *incidence of AIDS including appropriate allocations*
10 *for services for infants, children, women, and families*
11 *with HIV disease;*

12 “(6) *a demonstration of the inclusiveness of the*
13 *planning process, with particular emphasis on af-*
14 *fected communities and individuals with HIV disease;*
15 *and*

16 “(7) *a demonstration of the manner in which the*
17 *proposed services are consistent with local needs as-*
18 *sessments and the statewide coordinated statement of*
19 *need.*

20 “(d) *DEFINITION OF EMERGING COMMUNITY.—In this*
21 *section, the term ‘emerging community’ means a metropoli-*
22 *tan area—*

23 “(1) *that is not eligible for a grant under part*
24 *A; and*

1 “(2) for which there has been reported to the Di-
 2 rector of the Centers for Disease Control and Preven-
 3 tion a cumulative total of between 500 and 1999 cases
 4 of acquired immune deficiency syndrome for the most
 5 recent period of 5 calendar years for which such data
 6 are available.

7 “(e) FUNDING.—

8 “(1) IN GENERAL.—Subject to paragraph (2),
 9 with respect to each fiscal year beginning with fiscal
 10 year 2001, the Secretary, to carry out this section,
 11 shall utilize—

12 “(A) the greater of—

13 “(i) 25 percent of the amount appro-
 14 priated under 2677 to carry out part B, ex-
 15 cluding the amount appropriated under sec-
 16 tion 2618(b)(2)(H), for such fiscal year that
 17 is in excess of the amount appropriated to
 18 carry out such part in fiscal year preceding
 19 the fiscal year involved; or

20 “(ii) \$5,000,000;

21 to provide funds to States for use in emerging
 22 communities with at least 1000, but less than
 23 2000, cases of AIDS as reported to and con-
 24 firmed by the Director of the Centers for Disease
 25 Control and Prevention for the five year period

preceding the year for which the grant is being
awarded; and

“(B) the greater of—

“(i) 25 percent of the amount appropriated under 2677 to carry out part B, excluding the amount appropriated under section 2618(b)(2)(H), for such fiscal year that is in excess of the amount appropriated to carry out such part in fiscal year preceding the fiscal year involved; or

“(ii) \$5,000,000;

to provide funds to States for use in emerging communities with at least 500, but less than 1000, cases of AIDS reported to and confirmed by the Director of the Centers for Disease Control and Prevention for the five year period preceding the year for which the grant is being awarded.

“(2) *TRIGGER OF FUNDING.*—This section shall be effective only for fiscal years beginning in the first fiscal year in which the amount appropriated under 2677 to carry out part B, excluding the amount appropriated under section 2618(b)(2)(H), exceeds by at least \$20,000,000 the amount appropriated under 2677 to carry out part B in fiscal year 2000, exclud-

1 *ing the amount appropriated under section*
 2 *2618(b)(2)(H).*

3 “(3) *MINIMUM AMOUNT IN FUTURE YEARS.—Be-*
 4 *ginning with the first fiscal year in which amounts*
 5 *provided for emerging communities under paragraph*
 6 *(1)(A) equals \$5,000,000 and under paragraph (1)(B)*
 7 *equals \$5,000,000, the Secretary shall ensure that*
 8 *amounts made available under this section for the*
 9 *types of emerging communities described in each such*
 10 *paragraph in subsequent fiscal years is at least*
 11 *\$5,000,000.*

12 “(4) *DISTRIBUTION.—The amount of a grant*
 13 *awarded to a State under this section shall be deter-*
 14 *mined by the Secretary based on the formula de-*
 15 *scribed in section 2618(b)(2), except that in applying*
 16 *such formula, the Secretary shall—*

17 “(A) *substitute ‘1.0’ for ‘.80’ in subpara-*
 18 *graph (A)(ii)(I) of such section; and*

19 “(B) *not consider the provisions of subpara-*
 20 *graphs (A)(ii)(II) and (C) of such section.”.*

21 **SEC. 129. USE OF TREATMENT FUNDS.**

22 (a) *STATE DUTIES.—Section 2616(c) (42 U.S.C.*
 23 *300ff-26(c)) is amended—*

1 (1) *in the matter preceding paragraph (1), by*
 2 *striking “shall—” and inserting “shall use funds*
 3 *made available under this section to—”;*

4 (2) *by redesignating paragraphs (1) through (5)*
 5 *as subparagraphs (A) through (E), respectively and*
 6 *realigning the margins of such subparagraphs appro-*
 7 *priately;*

8 (3) *in subparagraph (D) (as so redesignated), by*
 9 *striking “and” at the end;*

10 (4) *in subparagraph (E) (as so redesignated), by*
 11 *striking the period and inserting “; and”; and*

12 (5) *by adding at the end the following:*

13 “(F) *encourage, support, and enhance adherence*
 14 *to and compliance with treatment regimens, includ-*
 15 *ing related medical monitoring.”;*

16 (6) *by striking “In carrying” and inserting the*
 17 *following:*

18 “(1) *IN GENERAL.—In carrying”; and*

19 (7) *by adding at the end the following:*

20 “(2) *LIMITATIONS.—*

21 “(A) *IN GENERAL.—No State shall use*
 22 *funds under paragraph (1)(F) unless the limita-*
 23 *tions on access to HIV/AIDS therapeutic regi-*
 24 *mens as defined in subsection (e)(2) are elimi-*
 25 *nated.*

1 “(B) *AMOUNT OF FUNDING.*—No State shall
 2 use in excess of 10 percent of the amount set-
 3 aside for use under this section in any fiscal
 4 year to carry out activities under paragraph
 5 (1)(F) unless the State demonstrates to the Sec-
 6 retary that such additional services are essential
 7 and in no way diminish access to therapeutics.”.

8 (b) *SUPPLEMENT GRANTS.*—Section 2616 (42 U.S.C.
 9 300ff–26) is amended by adding at the end the following:
 10 “(e) *SUPPLEMENTAL GRANTS FOR THE PROVISION OF*
 11 *TREATMENTS.*—

12 “(1) *IN GENERAL.*—From amounts made avail-
 13 able under paragraph (5), the Secretary shall award
 14 supplemental grants to States determined to be eligi-
 15 ble under paragraph (2) to enable such States to in-
 16 crease access to therapeutics to treat HIV disease as
 17 provided by the State under subsection (c)(1)(B) for
 18 individuals at or below 200 percent of the Federal
 19 poverty line.

20 “(2) *CRITERIA.*—The Secretary shall develop cri-
 21 teria for the awarding of grants under paragraph (1)
 22 to States that demonstrate a severe need. In deter-
 23 mining the criteria for demonstrating State severity
 24 of need, the Secretary shall consider eligibility stand-
 25 ards and formulary composition.

1 “(3) *STATE REQUIREMENT.*—*The Secretary may*
 2 *not make a grant to a State under this subsection un-*
 3 *less the State agrees that—*

4 “(A) *the State will make available (directly*
 5 *or through donations from public or private enti-*
 6 *ties) non-Federal contributions toward the ac-*
 7 *tivities to be carried out under the grant in an*
 8 *amount equal to \$1 for each \$4 of Federal funds*
 9 *provided in the grant; and*

10 “(B) *the State will not impose eligibility re-*
 11 *quirements for services or scope of benefits limi-*
 12 *tations under subsection (a) that are more re-*
 13 *strictive than such requirements in effect as of*
 14 *January 1, 2000.*

15 “(4) *USE AND COORDINATION.*—*Amounts made*
 16 *available under a grant under this subsection shall*
 17 *only be used by the State to provide HIV/AIDS-re-*
 18 *lated medications. The State shall coordinate the use*
 19 *of such amounts with the amounts otherwise provided*
 20 *under this section in order to maximize drug cov-*
 21 *erage.*

22 “(5) *FUNDING.*—

23 “(A) *RESERVATION OF AMOUNT.*—*The Sec-*
 24 *retary shall reserve 3 percent of any amount re-*
 25 *ferred to in section 2618(b)(2)(H) that is appro-*

1 *priated for a fiscal year, to carry out this sub-*
 2 *section.*

3 “(B) *MINIMUM AMOUNT.*—*In providing*
 4 *grants under this subsection, the Secretary shall*
 5 *ensure that the amount of a grant to a State*
 6 *under this part is not less than the amount the*
 7 *State received under this part in the previous*
 8 *fiscal year, as a result of grants provided under*
 9 *this subsection.”.*

10 (c) *SUPPLEMENT AND NOT SUPPLANT.*—*Section 2616*
 11 *(42 U.S.C. 300ff–26(c)), as amended by subsection (b), is*
 12 *further amended by adding at the end the following:*

13 “(f) *SUPPLEMENT NOT SUPPLANT.*—*Notwithstanding*
 14 *any other provision of law, amounts made available under*
 15 *this section shall be used to supplement and not supplant*
 16 *other funding available to provide treatments of the type*
 17 *that may be provided under this section.”.*

18 **SEC. 130. INCREASE IN MINIMUM ALLOTMENT.**

19 (a) *IN GENERAL.*—*Section 2618(b)(1)(A)(i) (42*
 20 *U.S.C. 300ff–28(b)(1)(A)(i)) is amended—*

21 (1) *in subclause (I), by striking “\$100,000” and*
 22 *inserting “\$200,000”; and*

23 (2) *in subclause (II), by striking “\$250,000” and*
 24 *inserting “\$500,000”.*

1 (b) *TERRITORIES*.—Section 2618(b)(1)(B) (42 U.S.C.
 2 300ff–28(b)(1)(B)) is amended by inserting “the greater of
 3 \$50,000 or” after “shall be”.

4 (c) *TECHNICAL AMENDMENT*.—Section 2618(b)(3)(B)
 5 (42 U.S.C. 300ff–28(b)(3)(B)) is amended by striking “and
 6 the Republic of the Marshall Islands” and inserting “, the
 7 Republic of the Marshall Islands, the Federated States of
 8 Micronesia, and the Republic of Palau, and only for pur-
 9 poses of paragraph (1) the Commonwealth of Puerto Rico”.

10 **SEC. 131. SET-ASIDE FOR INFANTS, CHILDREN, AND**
 11 **WOMEN.**

12 Section 2611(b) (42 U.S.C. 300ff–21(b)) is amended—

13 (1) by inserting “for each population under this
 14 subsection” after “State shall use”; and

15 (2) by striking “ratio of the” and inserting
 16 “ratio of each”.

17 **Subtitle C—Amendments to Part C**
 18 **(Early Intervention Services)**

19 **SEC. 141. AMENDMENT OF HEADING; REPEAL OF FORMULA**
 20 **GRANT PROGRAM.**

21 (a) *AMENDMENT OF HEADING*.—The heading of part
 22 C of title XXVI is amended to read as follows:

3 (b) *REPEAL*.—Part C of title XXVI (42 U.S.C. 300ff–
4 41 et seq.) is amended—

(2) by redesignating subparts II and III as subparts I and II.

9 (1) *INFORMATION REGARDING RECEIPT OF SERV-*
10 *ICES.—Section 2661(a) (42 U.S.C. 300ff-61(a)) is*
11 *amended by striking “unless—” and all that follows*
12 *through “(2) in the case of” and inserting “unless, in*
13 *the case of”.*

14 (2) *ADDITIONAL AGREEMENTS.—Section 2664*
15 *(42 U.S.C. 300ff-64) is amended—*

16 (A) in subsection (e)(5), by striking
17 “2642(b) or”;

18 (B) in subsection (f)(2), by striking
19 “2642(b) or”; and

20 (C) by striking subsection (h).

21 **SEC. 142. PLANNING AND DEVELOPMENT GRANTS.**

22 (a) ALLOWING PLANNING AND DEVELOPMENT GRANT
23 TO EXPAND ABILITY TO PROVIDE PRIMARY CARE SERV-
24 ICES.—Section 2654(c) (42 U.S.C. 300ff-54(c)) is
25 amended—

1 (1) *in paragraph (1), to read as follows:*

2 “(1) *IN GENERAL.—The Secretary may provide*
3 *planning and development grants to public and non-*
4 *profit private entities for the purpose of—*

5 “(A) *enabling such entities to provide HIV*
6 *early intervention services; or*

7 “(B) *assisting such entities to expand the*
8 *capacity, preparedness, and expertise to deliver*
9 *primary care services to individuals with HIV*
10 *disease in underserved low-income communities*
11 *on the condition that the funds are not used to*
12 *purchase or improve land or to purchase, con-*
13 *struct, or permanently improve (other than*
14 *minor remodeling) any building or other facil-*
15 *ity.”; and*

16 (2) *in paragraphs (2) and (3) by striking “para-*
17 *graph (1)” each place that such appears and insert-*
18 *ing “paragraph (1)(A)”.*

19 (b) *AMOUNT; DURATION.—Section 2654(c) (42 U.S.C.*
20 *300ff–54(c)), as amended by subsection (a), is further*
21 *amended—*

22 (1) *by redesignating paragraph (4) as para-*
23 *graph (5); and*

24 (2) *by inserting after paragraph (3) the fol-*
25 *lowing:*

1 “(4) *AMOUNT AND DURATION OF GRANTS.*—

2 “(A) *EARLY INTERVENTION SERVICES.*—A
3 *grant under paragraph (1)(A) may be made in*
4 *an amount not to exceed \$50,000.*

5 “(B) *CAPACITY DEVELOPMENT.*—

6 “(i) *AMOUNT.*—A *grant under para-*
7 *graph (1)(B) may be made in an amount*
8 *not to exceed \$150,000.*

9 “(ii) *DURATION.*—*The total duration*
10 *of a grant under paragraph (1)(B), includ-*
11 *ing any renewal, may not exceed 3 years.”.*

12 (c) *INCREASE IN LIMITATION.*—*Section 2654(c)(5) (42*
13 *U.S.C. 300ff–54(c)(5)), as so redesignated by subsection (b),*
14 *is amended by striking “1 percent” and inserting “5 per-*
15 *cent”.*

16 **SEC. 143. AUTHORIZATION OF APPROPRIATIONS FOR CAT-**
17 **EGORICAL GRANTS.**

18 *Section 2655 (42 U.S.C. 300ff–55) is amended by*
19 *striking “1996” and all that follows through “2000” and*
20 *inserting “2001 through 2005”.*

21 **SEC. 144. ADMINISTRATIVE EXPENSES CEILING; QUALITY**
22 **MANAGEMENT PROGRAM.**

23 *Section 2664(g) (42 U.S.C. 300ff–64(g)) is amended—*
24 *(1) in paragraph (3), to read as follows:*

1 “(3) the applicant will not expend more than 10
2 percent of the grant for costs of administrative activi-
3 ties with respect to the grant;”;

4 (2) in paragraph (4), by striking the period and
5 inserting “; and”; and

6 (3) by adding at the end the following:

7 “(5) the applicant will provide for the establish-
8 ment of a quality management program to assess the
9 extent to which medical services funded under this
10 title that are provided to patients are consistent with
11 the most recent Public Health Service guidelines for
12 the treatment of HIV disease and related opportun-
13 istic infections and that improvements in the access
14 to and quality of medical services are addressed.”.

15 **SEC. 145. PREFERENCE FOR CERTAIN AREAS.**

16 Section 2651 (42 U.S.C. 300ff–51) is amended by add-
17 ing at the end the following:

18 “(d) *PREFERENCE IN AWARDING GRANTS.*—In award-
19 ing new grants under this section, the Secretary shall give
20 preference to applicants that will use amounts received
21 under the grant to serve areas that are determined to be
22 rural and underserved for the purposes of providing health
23 care to individuals infected with HIV or diagnosed with
24 AIDS.”.

1 **SEC. 146. TECHNICAL AMENDMENT.**

2 *Section 2652(a) (42 U.S.C. 300ff–52(a)) is amended—*

3 *(1) by striking paragraphs (1) and (2) and in-*
 4 *serting the following:*

5 *“(1) health centers under section 330;”;* and

6 *(2) by redesignating paragraphs (3) through (6)*
 7 *as paragraphs (2) through (5), respectively.*

8 ***Subtitle D—Amendments to Part D***
 9 ***(General Provisions)***

10 **SEC. 151. RESEARCH INVOLVING WOMEN, INFANTS, CHIL-**
 11 ***DREN, AND YOUTH.***

12 *(a) ELIMINATION OF REQUIREMENT TO ENROLL SIG-*
 13 *NIFICANT NUMBERS OF WOMEN AND CHILDREN.—Section*
 14 *2671(b) (42 U.S.C. 300ff–71(b)) is amended—*

15 *(1) in paragraph (1), by striking subparagraphs*
 16 *(C) and (D); and*

17 *(2) by striking paragraphs (3) and (4).*

18 *(b) INFORMATION AND EDUCATION.—Section 2671(d)*
 19 *(42 U.S.C. 300ff–71(d)) is amended by adding at the end*
 20 *the following:*

21 *“(4) The applicant will provide individuals with*
 22 *information and education on opportunities to par-*
 23 *ticipate in HIV/AIDS-related clinical research.”.*

24 *(c) QUALITY MANAGEMENT; ADMINISTRATIVE EX-*
 25 *PENSES CEILING.—Section 2671(f) (42 U.S.C. 300ff–71(f))*
 26 *is amended—*

1 (1) *by striking the subsection heading and des-*
 2 *ignation and inserting the following:*

3 “(f) *ADMINISTRATION.*—

4 “(1) *APPLICATION.*—”; and

5 (2) *by adding at the end the following:*

6 “(2) *QUALITY MANAGEMENT PROGRAM.*—*A*
 7 *grantee under this section shall implement a quality*
 8 *management program.”.*

9 (d) *COORDINATION.*—*Section 2671(g) (42 U.S.C.*
 10 *300ff–71(g)) is amended by adding at the end the following:*
 11 *“The Secretary acting through the Director of NIH, shall*
 12 *examine the distribution and availability of ongoing and*
 13 *appropriate HIV/AIDS-related research projects to existing*
 14 *sites under this section for purposes of enhancing and ex-*
 15 *panding voluntary access to HIV-related research, espe-*
 16 *cially within communities that are not reasonably served*
 17 *by such projects. Not later than 12 months after the date*
 18 *of enactment of the Ryan White CARE Act Amendments*
 19 *of 2000, the Secretary shall prepare and submit to the ap-*
 20 *propriate committees of Congress a report that describes the*
 21 *findings made by the Director and the manner in which*
 22 *the conclusions based on those findings can be addressed.”.*

23 (e) *AUTHORIZATION OF APPROPRIATIONS.*—*Section*
 24 *2671(j) (42 U.S.C. 300ff–71(j)) is amended by striking “fis-*

1 *cal years 1996 through 2000” and inserting “fiscal years*
 2 *2001 through 2005”.*

3 ***SEC. 152. LIMITATION ON ADMINISTRATIVE EXPENSES.***

4 *Section 2671 (42 U.S.C. 300ff-71) is amended—*

5 *(1) by redesignating subsections (i) and (j), as*
 6 *subsections (j) and (k), respectively; and*

7 *(2) by inserting after subsection (h), the fol-*
 8 *lowing:*

9 *“(i) LIMITATION ON ADMINISTRATIVE EXPENSES.—*

10 *“(1) DETERMINATION BY SECRETARY.—Not later*
 11 *than 12 months after the date of enactment of the*
 12 *Ryan White CARE Act Amendments of 2000, the Sec-*
 13 *retary, in consultation with grantees under this part,*
 14 *shall conduct a review of the administrative, program*
 15 *support, and direct service-related activities that are*
 16 *carried out under this part to ensure that eligible in-*
 17 *dividuals have access to quality, HIV-related health*
 18 *and support services and research opportunities under*
 19 *this part, and to support the provision of such serv-*
 20 *ices.*

21 *“(2) REQUIREMENTS.—*

22 *“(A) IN GENERAL.—Not later than 180*
 23 *days after the expiration of the 12-month period*
 24 *referred to in paragraph (1) the Secretary, in*
 25 *consultation with grantees under this part, shall*

1 *determine the relationship between the costs of*
 2 *the activities referred to in paragraph (1) and*
 3 *the access of eligible individuals to the services*
 4 *and research opportunities described in such*
 5 *paragraph.*

6 *“(B) LIMITATION.—After a final determina-*
 7 *tion under subparagraph (A), the Secretary may*
 8 *not make a grant under this part unless the*
 9 *grantee complies with such requirements as may*
 10 *be included in such determination.”.*

11 **SEC. 153. EVALUATIONS AND REPORTS.**

12 *Section 2674(c) (42 U.S.C. 399ff–74(c)) is amended by*
 13 *striking “1991 through 1995” and inserting “2001 through*
 14 *2005”.*

15 **SEC. 154. AUTHORIZATION OF APPROPRIATIONS FOR**
 16 **GRANTS UNDER PARTS A AND B.**

17 *Section 2677 (42 U.S.C. 300ff–77) is amended to read*
 18 *as follows:*

19 **“SEC. 2677. AUTHORIZATION OF APPROPRIATIONS.**

20 *“There are authorized to be appropriated—*

21 *“(1) such sums as may be necessary to carry out*
 22 *part A for each of the fiscal years 2001 through 2005;*
 23 *and*

1 “(2) such sums as may be necessary to carry out
 2 part B for each of the fiscal years 2001 through
 3 2005.”.

4 ***Subtitle E—Amendments to Part F***
 5 ***(Demonstration and Training)***

6 ***SEC. 161. AUTHORIZATION OF APPROPRIATIONS.***

7 (a) *SCHOOLS; CENTERS.*—Section 2692(c)(1) (42
 8 U.S.C. 300ff–111(c)(1)) is amended by striking “fiscal
 9 years 1996 through 2000” and inserting “fiscal years 2001
 10 through 2005”.

11 (b) *DENTAL SCHOOLS.*—Section 2692(c)(2) (42 U.S.C.
 12 300ff–111(c)(2)) is amended by striking “fiscal years 1996
 13 through 2000” and inserting “fiscal years 2001 through
 14 2005”.

15 (c) *DENTAL SCHOOLS AND PROGRAMS.*—Section
 16 2692(b) of the Public Health Service Act (42 U.S.C. 300ff–
 17 111(b)) is amended—

18 (1) in paragraph (1), by striking “777(b)(4)(B)”
 19 and inserting “777(b)(4)(B) (as such section existed
 20 on the day before the date of enactment of the Health
 21 Professions Education Partnerships Act of 1998 (Pub-
 22 lic Law 105–392)) and dental hygiene programs that
 23 are accredited by the Commission on Dental Accredi-
 24 tation”; and

1 (2) in paragraph (2), by striking “777(b)(4)(B)”
 2 and inserting “777(b)(4)(B) (as such section existed
 3 on the day before the date of enactment of the Health
 4 Professions Education Partnerships Act of 1998 (Pub-
 5 lic Law 105–392))”.

6 **TITLE II—MISCELLANEOUS**
 7 **PROVISIONS**

8 **SEC. 201. INSTITUTE OF MEDICINE STUDY.**

9 (a) *IN GENERAL.*—Not later than 120 days after the
 10 date of enactment of this Act, the Secretary of Health and
 11 Human Services shall enter into a contract with the Insti-
 12 tute of Medicine for the conduct of a study concerning the
 13 appropriate epidemiological measures and their relation-
 14 ship to the financing and delivery of primary care and
 15 health-related support services for low-income, uninsured,
 16 and under-insured individuals with HIV disease.

17 (b) *REQUIREMENTS.*—

18 (1) *COMPLETION.*—The study under subsection
 19 (a) shall be completed not later than 21 months after
 20 the date on which the contract referred to in such sub-
 21 section is entered into.

22 (2) *ISSUES TO BE CONSIDERED.*—The study con-
 23 ducted under subsection (a) shall consider—

24 (A) the availability and utility of health
 25 outcomes measures and data for HIV primary

1 *care and support services and the extent to which*
 2 *those measures and data could be used to meas-*
 3 *ure the quality of such funded services;*

4 *(B) the effectiveness and efficiency of service*
 5 *delivery (including the quality of services, health*
 6 *outcomes, and resource use) within the context of*
 7 *a changing health care and therapeutic environ-*
 8 *ment as well as the changing epidemiology of the*
 9 *epidemic;*

10 *(C) existing and needed epidemiological*
 11 *data and other analytic tools for resource plan-*
 12 *ning and allocation decisions, specifically for es-*
 13 *timating severity of need of a community and*
 14 *the relationship to the allocations process; and*

15 *(D) other factors determined to be relevant*
 16 *to assessing an individual's or community's abil-*
 17 *ity to gain and sustain access to quality HIV*
 18 *services.*

19 *(c) REPORT.—Not later than 90 days after the date*
 20 *on which the study is completed under subsection (a), the*
 21 *Secretary of Health and Human Services shall prepare and*
 22 *submit to the appropriate committees of Congress a report*
 23 *describing the manner in which the conclusions and rec-*
 24 *ommendations of the Institute of Medicine can be addressed*
 25 *and implemented.*

Calendar No. 548

106TH CONGRESS
2D SESSION

S. 2311

[Report No. 106-294]

A BILL

To revise and extend the Ryan White CARE Act programs under title XXVI of the Public Health Service Act, to improve access to health care and the quality of care under such programs, and to provide for the development of increased capacity to provide health care and related support services to individuals and families with HIV disease, and for other purposes.

MAY 15, 2000

Reported with an amendment